



**Coconino County Community Services
Owner-Occupied Housing Rehabilitation Program**

2625 N. King Street
928-679-7430 ngallegos@coconino.az.gov

Dear Applicant:

Thank you for your interest in the Coconino County Owner-Occupied Housing Rehabilitation Program. Attached to this letter is an application for the program. In addition to your application, **clear copies** of the documentation listed below must be submitted. If you have any questions, need assistance, or if you have problems obtaining the required documentation listed below, please contact Norma Gallegos, Assistant Director, Coconino County Community Services at 928-679-7430 or ngallegos@coconino.az.gov.

- 1. Original application, completed and signed by all owners of the home**
- 2. Proof of gross income for all household members who had income within the last 12 months**
 - **Three most recent paycheck stubs, showing year-to-date totals**
 - **Three most recent bank checking and savings statements**
 - **Most recent Social Security, retirement or disability award letter**
- 3. Social Security cards for all household members**
- 4. Current year property tax statement**
- 5. Most recent monthly mortgage statement (showing outstanding balance).**
- 6. Most recent utility bills for APS and Unisource**
- 7. Proof of homeowner insurance**

Note: additional documents may be requested to substantiate income, including Federal and State income tax filings, investment and retirement accounts, or income derived from other sources such as rentals or cash sales and services.

Missing required information could result in delay or denial of processing your application for home repair services.

We look forward to receiving your application. Please contact us if you have questions or need assistance in completing this application.



Owner Occupied Housing Rehabilitation Application

2625 N. King Street, Flagstaff, Arizona 86004

Please answer each question as completely as possible. If you need assistance, please contact Norma Gallegos at 928-679-7430 or ngallegos@coconino.az.gov.

DATE:

NAME:

STREET ADDRESS:

MAILING ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

WORK:

CELL:

WHAT BOARD OF SUPERVISOR'S DISTRICT DO YOU LIVE IN? 1 2 3 4 5

HOW DID YOU FIND OUT ABOUT THIS PROGRAM?

Flyer/Mailer ☐ Newspaper ☐ Website ☐ Friend/Neighbor ☐ Other: ☐

1. Do you own (or in the process of buying) your home and is this your principle place of residence?

Yes No

2. Is this a pre-manufactured or mobile home?

Yes No

3. **Household composition and characteristics. List the head of household and all other members who are currently or will be living in the home. Give the relationship of each family member to the head of household.**

NAME	RELATION	BIRTH DATE	AGE	SEX
1	Head of Household			
2				
3				
4				
5				
6				
7				
8				

4. **Is the Head of Household a single parent of a minor child (under the age of 18)?** Yes No

5. **For each type of income that your household receives, please list on the table below the source of the income and the amount of income that has been received from that source during the past 12 months.**

Sources for the income include cash, unemployment, alimony payments, public assistance, social security pension, annuity, trust fund, royalty payments, property rental, property sale, military allotments and interest from savings, stocks, bonds, certificate of deposit if over \$50 per month each.

FAMILY MEMBER	SOURCE OF INCOME	HOW VERIFIED	AMOUNT OF INCOME
1			
2			
3			
4			
5			
6			
7			
TOTAL INCOME			\$

6. **Is there a household member who is handicapped or disabled?** Yes No

If 'yes' please provide information in table below.

NAME	TOTAL OR PARTIAL DISABILITY	DESCRIBE
1		
2		
3		
4		

7. **Ethnicity of Head of Household: (You may select up to 2, and if applicable, Hispanic)**
(This is an optional question and will not affect your eligibility. This information will only be used in anonymous reporting.)

_____ American Indian/ Alaskan Native _____ Hispanic
_____ Asian
_____ Black/ African American
_____ Native Hawaiian/ Other Pacific Islander
_____ Other: _____
_____ White

8. **Monthly mortgage payment amount, if any, and current outstanding balance.**

Amount _____ Balance owed _____

9. **Briefly describe the nature of problems and requested repairs to your home.**

PRIVACY ACT NOTICE STATEMENT The information on this form is being collected to determine your eligibility for assistance under the Community Development Block Grant program. It will be used to manage the CDBG Program, to protect the Government's financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies (or their agents) when relevant, to civil, criminal or regulatory investigators and prosecutors.

PERMISSION I give permission to Coconino County Community Services to release information in my application as necessary to obtain services on my behalf by making necessary referrals to community and state agencies. As necessary, my family and significant others may be contacted in regard to this application.

AUTHORIZATION TO RELEASE FINANCIAL, CREDIT, AND PERSONAL INFORMATION

I hereby consent to the inspection, copying and obtaining by interview any and all information concerning my financial status, credit and character by Coconino County Community Services, or any representative thereof. Such information shall include, but is not limited to, all financial records, documents and reports from banks, mortgage companies, credit agencies, law enforcement agencies, and interviews with employers, landlords, neighbors, and personal references, etc.

- I hereby consent to the sharing of information (as necessary) with Coconino County Community Services' partner agencies.
- I hereby consent to allow my property and family to be photographed and/or filmed for any purpose associated with the Coconino County Community Services Housing Rehabilitation Program.
- I understand and agree that all photographs and/or film are the sole property of Coconino County Community Services and I will not claim any royalty or other sum due for use of such photographs and/or films.

CERTIFICATIONS I certify that the information in this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information. I also understand that in the event the information is found to be incorrect, I may become ineligible for the assistance provided.

I certify that the property listed at the address on the application for rehabilitation is to be occupied by the owner as the principal residence.

Signature (Head of Household)

Date

Signature (Spouse/Co-head of Household)

Date

Signature of Person assisting with this form, if applicable

Date

MAIL OR DELIVER COMPLETED APPLICATION TO:
COCONINO COUNTY COMMUNITY SERVICES
2625 N. KING STREET, 2nd Floor
FLAGSTAFF, AZ 86004